

Name
in
Full

CERTIFICATE OF DEATH

Died at

Town
Chesterstown

County

Kent

MARYLAND

Date

of death

1909

Month

Jan.

Day

1st.

Age

68

Months

8

Days

7

Sex

male

Color or
Race

white

Birth-
place

Elkton, Md.

Occupation

Hardware merchant

Where Residing if not
at place of death

Chesterstown, Md.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Laura and Ann Elizabeth Ringgold

Father's
Name

Frederick Aldridge

Father's
Birthplace

Becil Co. Md.

Mother's
Maiden Name

Miss Grant

Mother's
Birthplace

Becil Co. Md.

Name of person giving
Information

Wm R Aldridge Son

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 days

Immediate

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C Dr Mahland MS

Address

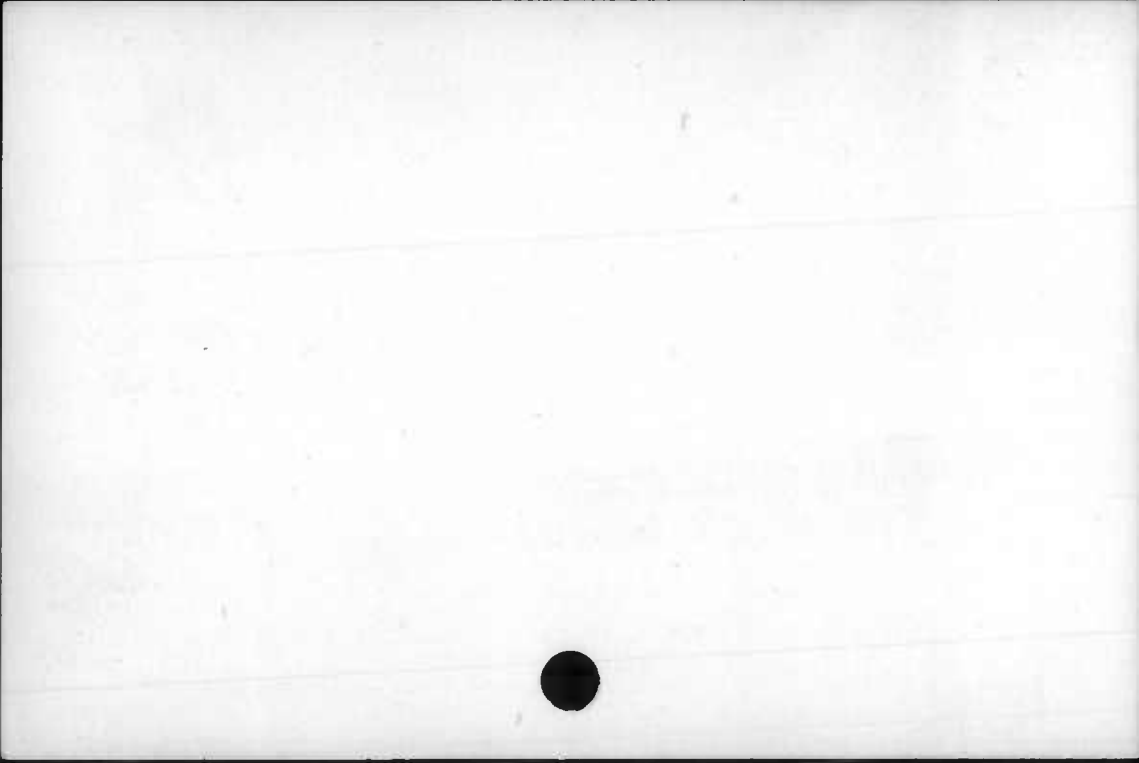
Chesterstown Md

Accident or Suicide?

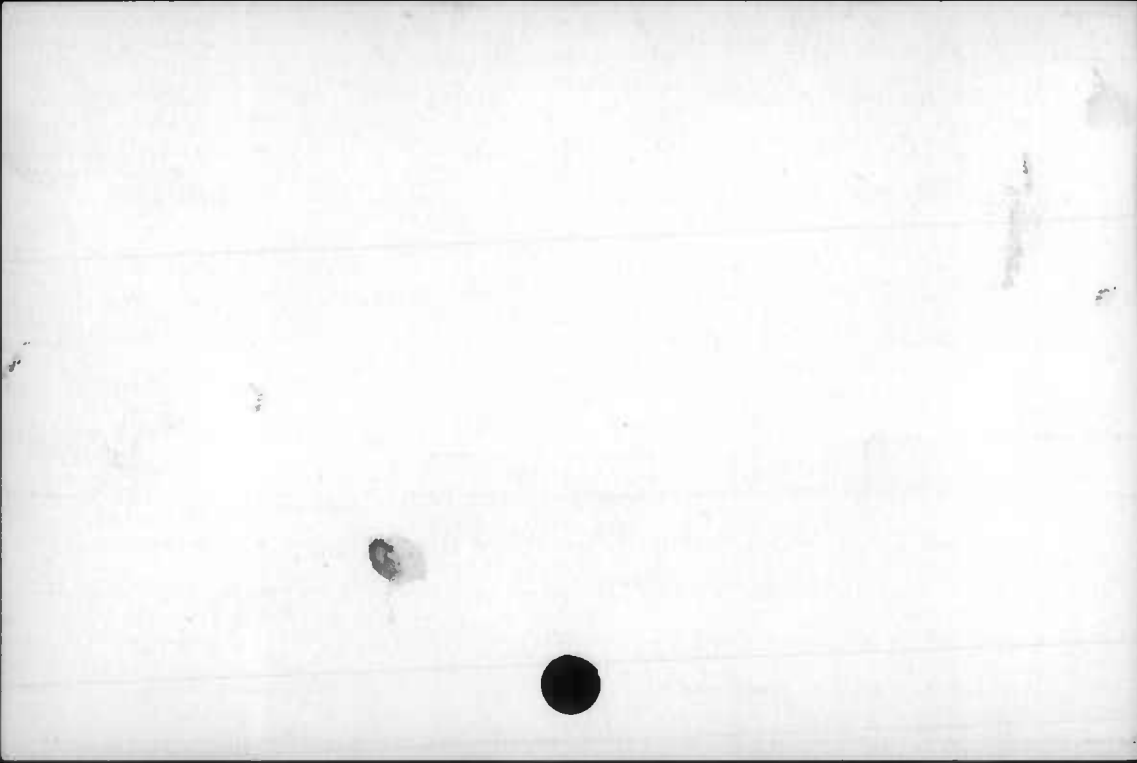
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chester Cemetery
Chas L. Braden

Name in Full		Thomas Bennett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chesterville		Kent		MARYLAND	
	Date of death	1909	Jan	19	Age	71	
	Sex	Male		Color or Race	White		
	Occupation	None		Where Residing if not at place of death	Delaware		
	Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Bennett		
	Father's Name	Perry Bennett		Father's Birthplace	Delaware		
	Mother's Maiden Name	Sarah Reynolds		Mother's Birthplace	Delaware		
	Name of person giving information	Rebecca Bennett		How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Death from natural causes				How long	3 Years
	Immediate					How long	2 Weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	B. F. Hartley Sub Reg
						Address	Chesterton Md
	Accident or Suicide?	neither				No physician	



Name in Full		David Earnest-Blackiston				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rock Hall		Kent		MARYLAND	
	Date of death		1904	Month	June	Day	24	
	Age		Years		Months		5	
	Sex		Male		Color or Race		White	
	Occupation				Birth-place		Kent Co Md	
	Where Residing if not at place of death							
	Married, Single or Widowed				Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Lewis Blackiston		Father's Birthplace		Maryland	
	Mother's Maiden Name		Mary E. Freburger		Mother's Birthplace		Maryland	
	Name of person giving information		Lewis Blackiston		How related to deceased		Farther	
CAUSES OF DEATH								
F	Primary		Membranous Croup.			How long		8 hours
	Immediate		Exhaustion			How long		One hour.
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		Walter D. Selby M.D.
						Address		Rock Hall, Md.
	Accident or Suicide?							



Name
in
Full

Clara Blanchfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Galena</i>		Town <i>Keokuk</i>		County <i>Keokuk</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>	Day <i>15</i>	Age		Years	Months <i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Keokuk Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Mr. Blanchfield</i>				Father's Birthplace <i>Keokuk md</i>			
Mother's Maiden Name <i>Martha Jones</i>				Mother's Birthplace <i>Ill</i>			
Name of person giving information <i>Mr. Blanchfield</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

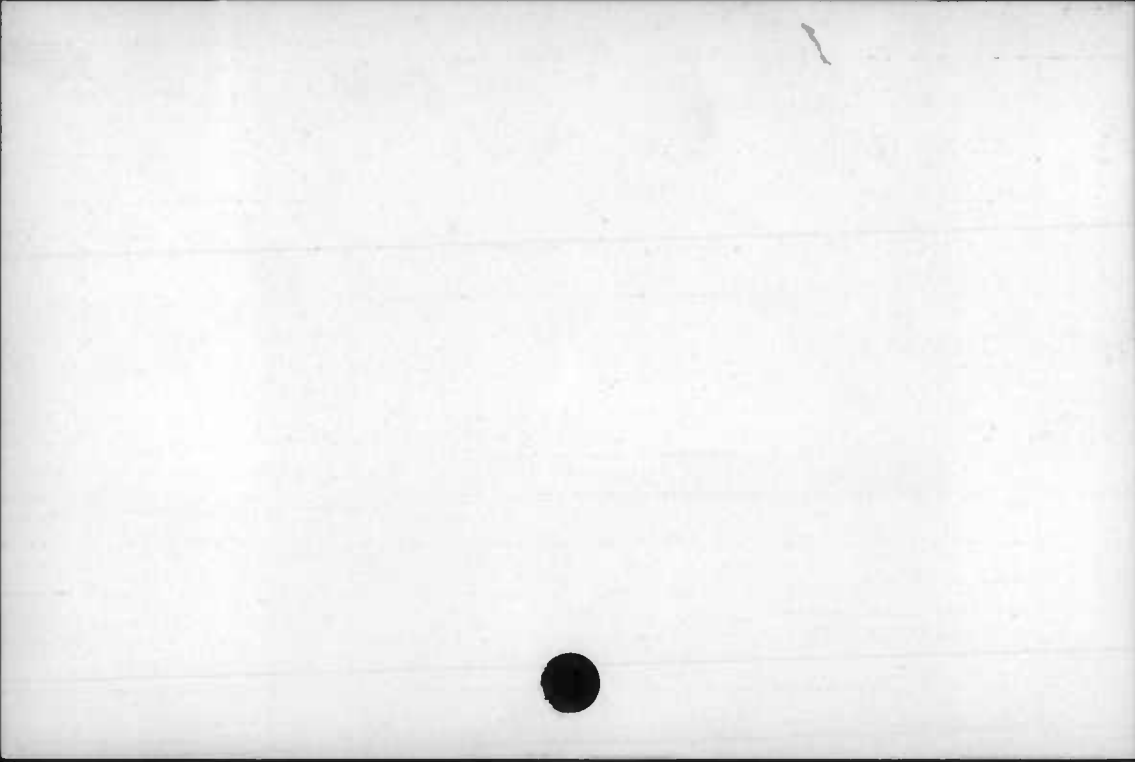
71

PHYSICIAN
OR CORONER

Primary <i>Impulsions</i>	How long
Immediate <i>Natural Causes</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>Henry Park</i>
	<i>Sub Registrar</i>
Accident or Suicide?	



Name in Full		Mahala Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Galena		County Kent		MARYLAND	
	Date of death	1909	Month 1	Day 22	Age about 60 yrs.	Years	Months Days
	Sex	Female		Color or Race	Black		Birth-place Not known.
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Could not obtain any				Father's Birthplace	
	Mother's Maiden Name	Family history				Mother's Birthplace	
	Name of person giving information	Perry Riley				How related to deceased none	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto; text-align: center; line-height: 20px;">64</div>							
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long 11 days.	
	Immediate	Exhaustion				How long 3 days.	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician George R. Jones M.D.		
					Address Galena		
	Accident or Suicide?				Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Wesley Burton* Town *Lansford* County *Newt.*

Died at *Lansford* Month *Jan.* Day *2* Year *1909* Age *45* Months _____ Days _____

Date of death *1909 Jan. 2*

Sex *Male* Color or Race *African* Birth-place *Ind*

Occupation *Farm laborer* Where Residing if not at place of death _____

Married, Single or Widowed *M* Name of Wife or Husband *Elizabeth Burton*

Father's Name *Charles Burton* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Louis Washington* How related to deceased *Son*

CAUSES OF DEATH

Primary *Bright's disease* How long *1 year*

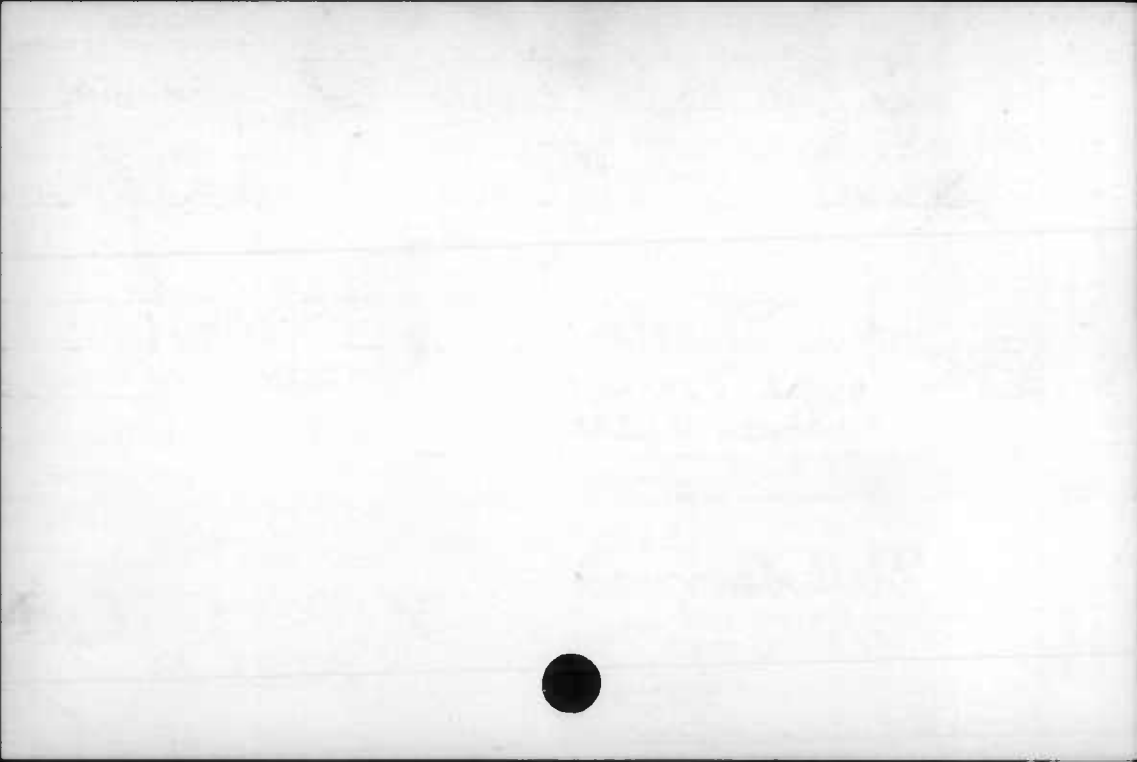
Immediate *Alcoholism* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Wm W Smith* Address *Ind*

Accident or Suicide ☐

PHYSICIAN
OR CORONER



Name
in
Full

Still Born Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Still Pond ^{County} Kent MARYLAND

Date of death 1909 January 28 Age — Months — Days

Sex Female Color or Race Black Birth-place Still Pond.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name

James Butler

Father's Birthplace

Md

Mother's Maiden Name

Lizzie Fordman

Mother's Birthplace

Md

Name of person giving Information

James Butler

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Still Born.

How long

Are the name, age, sex, color, date and place correctly given above?

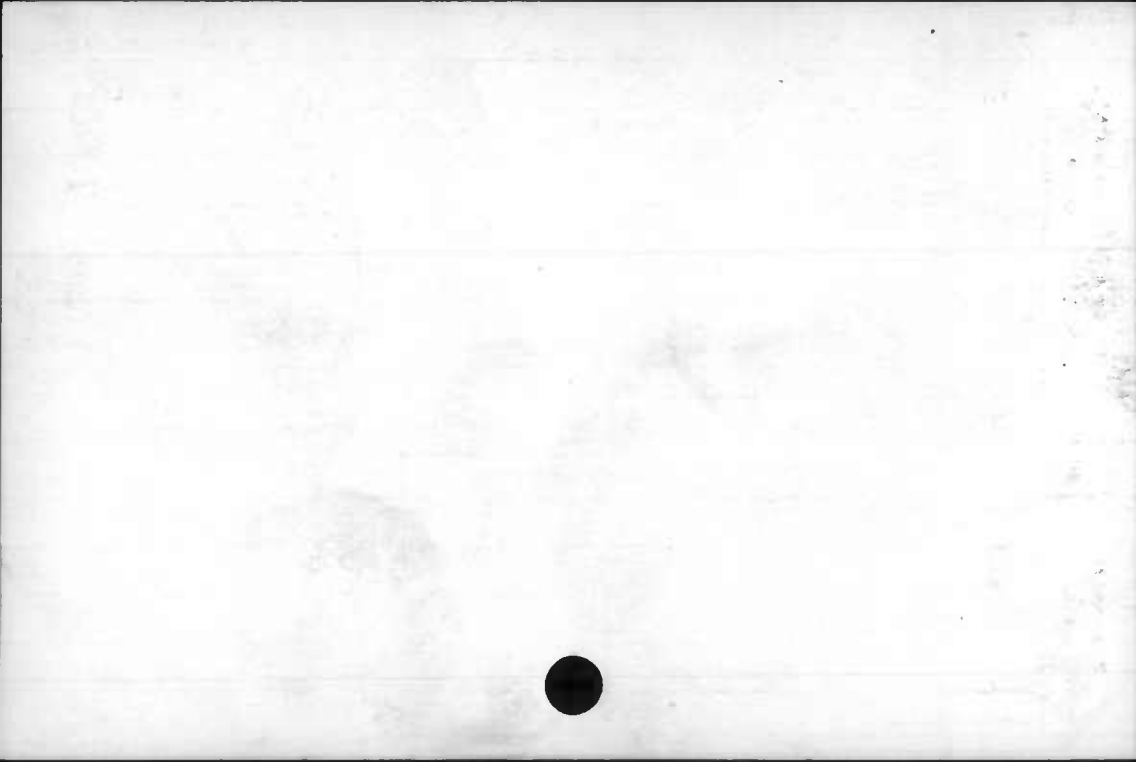
Yes.

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide



Name
in
Full

Aunnie Chambers

CERTIFICATE OF DEATH

Town

County

Died at Mrs Millington

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

July

18

Age

—

—

25

Sex

Female

Color or
Race

Black

Birth-
place

Kent Co

Occupation

None

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Baby

Name of Wife or
Husband

—

Father's
Name

John Chambers

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Aunnie Johnson

Mother's
Birthplace

Kent Co

Name of person giving
Information

Aunnie Johnson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Throbbing Cough

How long

2 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J P Townman M.D.
Millington
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

This weight

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

Month

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

134

How long

How long



Name
in
Full

Anne M. E. Elbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Goth		County Kent		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	1 st	74			
Sex		Color or Race		Birth-place			
Female		Black		Kent Co.			
Occupation		Where Residing if not at place of death					
None		at home					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Rev Joseph E. Elbert					
Father's Name		Father's Birthplace					
— Donahue		Kent Co.					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving Information		How related to deceased					
Robt Hutchinson		Nephew					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Age.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		J. P. Townman MD	
		Millington	
		Md.	
Accident or Suicide			

From Gaults road to
Easton Ind by P R

Name
in
Full

Wm H Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesutown Town Kent County **MARYLAND**

Date of death 1909 Jan Month 27 Day Age 43 Years Months Days

Sex Male Color or Race Col Birth-place Ind

Occupation Farm Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Mary Page

Father's Name Harvey Hamilton Father's Birthplace Ind

Mother's Maiden Name Stannah Harvey Mother's Birthplace Ind

Name of person giving Information Martha Davis How related to deceased Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Acute tuberculosis How long 6 mos

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W H Lempert

Address Chesutown

Accident or Suicide No

Thorgne Neck
J. F.

Name
in
Full

Wm. Raisin Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

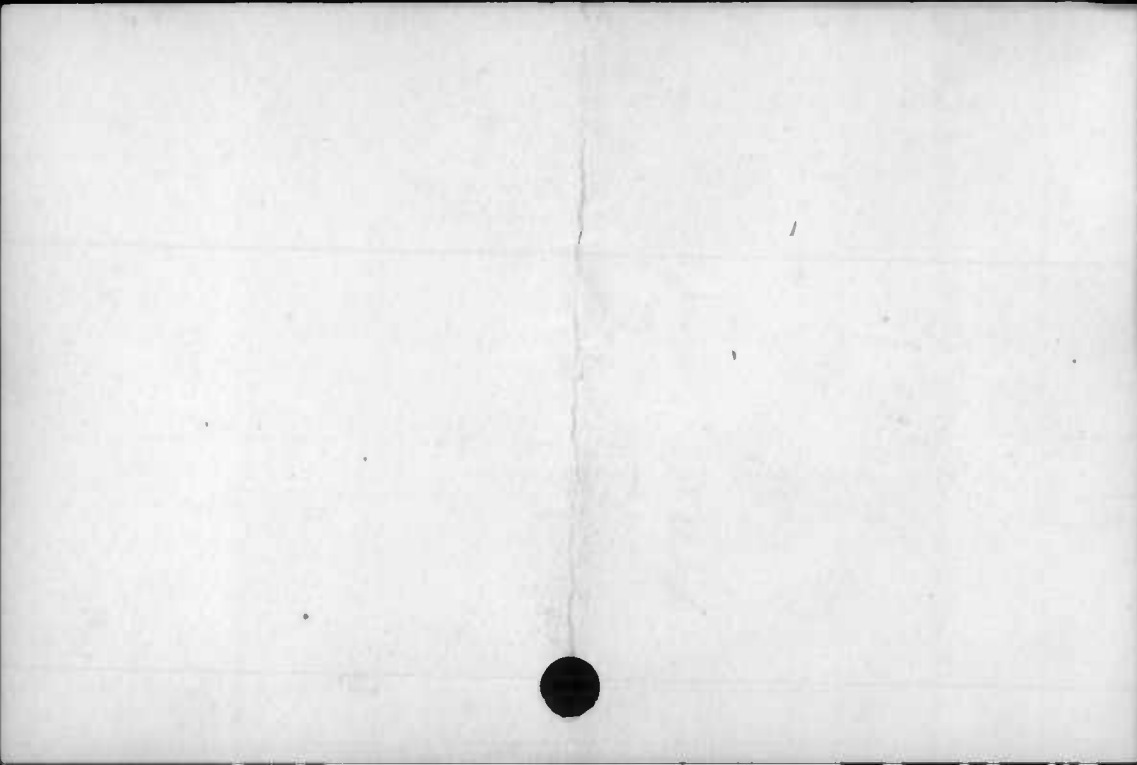
Died at <i>near Sassafras</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>2</i>	Age <i>31</i>	Months <i>1</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Galena, Ind.</i>		
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Galena, Ind.</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mabel Horsey</i>				
Father's Name <i>Thomas H. Horsey</i>	Father's Birthplace <i>Millington, Ind.</i>				
Mother's Maiden Name <i>Mary E. Raisin</i>	Mother's Birthplace <i>St. Louis, Mo.</i>				
Name of person giving information <i>Hanson Horsey</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary <i>Scarlet-Fever</i>	How long <i>three days</i>
Immediate <i>Endocarditis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Salinger</i>
	Address <i>Galena, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James H. Hurtt</i>		Town <i>Locust Grove</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Locust Grove</i>		Month <i>Jan</i>		Day <i>29</i>		Years <i>82</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Locust Grove</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Mary E. Hurtt</i>					
Father's Name <i>Edward Hurtt</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Martha Hurtt</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Dr Harry Hurtt</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility of old age</i>	How long <i>3 months</i>
Immediate <i>Paralysis & Cardiac Asthenia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S Lorrin Baruch</i>
	Address <i>Kennedysville Md</i>
Accident or Suicide <input type="checkbox"/>	

Shewbury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Sandy Bottom

Town

County

Date

of death

1909

Month

January

Day

19

Age

Years

83

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Delaware

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

John Jester

Father's
Name

Bratton

Father's
Birthplace

Delaware

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of parson giving
Information

Francis Jester

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paraphria Recurrent

How long

10 weeks

Immediate

Exhaustion

How long

3 d.

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Frank W. Smith

Address

Lanham
Institution #2

5nd

Accident or Suicide

no.

PHYSICIAN
OR CORONER

Shill Pond

Cemetery

Charles Wood

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

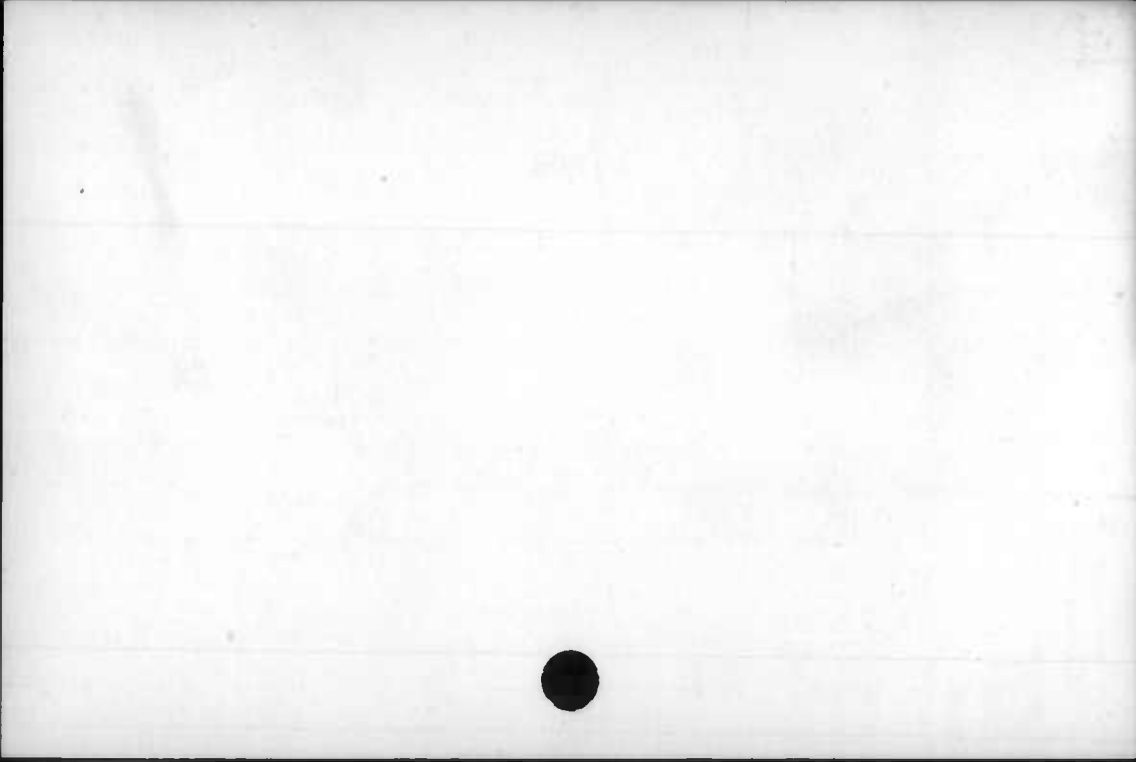
Name in Full <i>George A Joiner</i>		Town <i>Spuy's Gate</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Spuy's Gate</i>		Date of death <i>1909 January 6th</i>		Age <i>47</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farm laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lydia Joiner</i>					
Father's Name <i>Charles Joiner</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Nickerson</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Lydia Joiner</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>One year</i>
Immediate <i>Consumption</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. F. Hartley, Sub. Reg.</i>
	Address <i>Crumpton, Md.</i>
Accident or Suicidal? <i>neither</i>	<i>No physician in attendance</i>



Name
in
Full

Joseph Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Quantico ^{Town} Kent ^{County} **MARYLAND**

Date of death 1908 ^{Month} Jan ^{Day} 10 Age 16 ^{Years} 16 ^{Months} 16 ^{Days}

Sex Male Color or Race Col Birth-place Ind

Occupation School boy Where Residing If not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Percy Lindsay Father's Birthplace Ind

Mother's Maiden Name Hattie Perry Mother's Birthplace Ind

Name of person giving Information Hattie How related to deceased 93

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Double pneumonia How long 9 days

Immediate Apnoea & heart failure How long several hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Simpson

Address Chesapeake

Accident or Suicide No

Quaker Neck,
J. F.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1909 <i>June</i> ^{Month}	<i>17</i> ^{Day}	Age <i>63</i> ^{Years}	<i>3</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry B. Martin D.D.</i>				
Father's Name <i>Capt Asa Higgins</i>	Father's Birthplace <i>Maine</i>				
Mother's Maiden Name <i>Mary Anne Combs</i>	Mother's Birthplace <i>Maine</i>				
Name of person giving Information <i>Henry B Martin</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Probably years.</i>
Immediate <i>Heart failure</i>	How long <i>Instantly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide <i>no -</i>	

Greenmont L.
Balt.
J. F.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		9	19	—	—	—	—
Sex		Color or Race		Birth-place			
Male		White		Ind.			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name				Father's Birthplace			
Adam Mickelson				Ind.			
Mother's Maiden Name				Mother's Birthplace			
Mary Wheat				Ind.			
Name of person giving Information				How related to deceased			
Adam Mickelson				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Still Born.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	L. P. Atwell M.D.
	Address
	Still Pond, Ind.
Accident or Suicide	

Union

Name
in
Full

Sadie Mulligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Turner Creek ^{Town} Hunt ^{County} MARYLAND

Date of death 1908 ^{Month} Jan ^{Day} 29 ^{Years} 2 ^{Months} 9 ^{Days} 3

Sex female Color or Race black Birth-place ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Elige Mulligan Father's Birthplace ind

Mother's Maiden Name Annie Frisby Mother's Birthplace ind

Name of person giving information Mulligan How related to deceased father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Bronchitis How long 2 weeks

Immediate Broncho-Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. Brown Barwick

Address Stemmyville

ind

Accident or Suicide

Still Pond

Name
in
Full

Elise Nordhoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

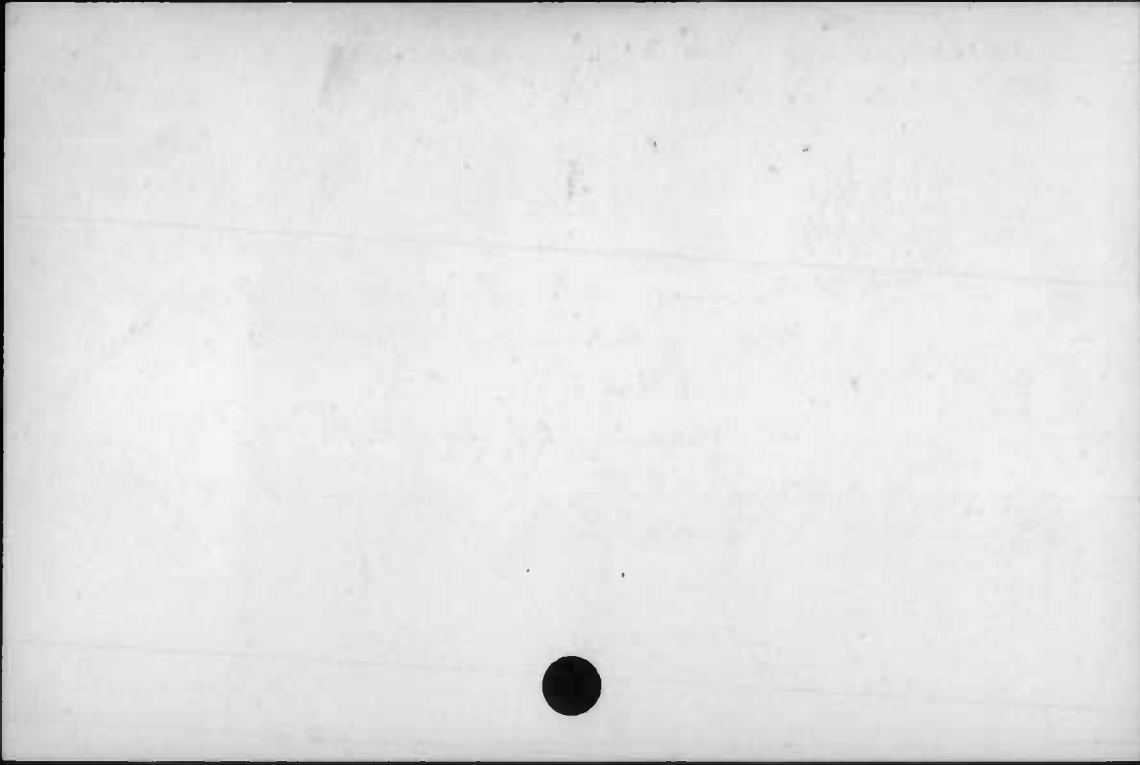
Died at <i>Edesville</i> Town		<i>Kent</i> County			
Date of death <i>1909</i>	Month <i>Jan.</i>	Day <i>10</i>	Years <i>82</i>	Months <i>5</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Hornbecker</i>	Where Residing if not at place of death <i>At Place of death</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Christian Nordhoff</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Henrietta Dorry</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Bernard D. Laubman</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter J. Jolly</i>
<i>Yes</i>	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name
in
Full

Minnie Perkins

CERTIFICATE OF DEATH

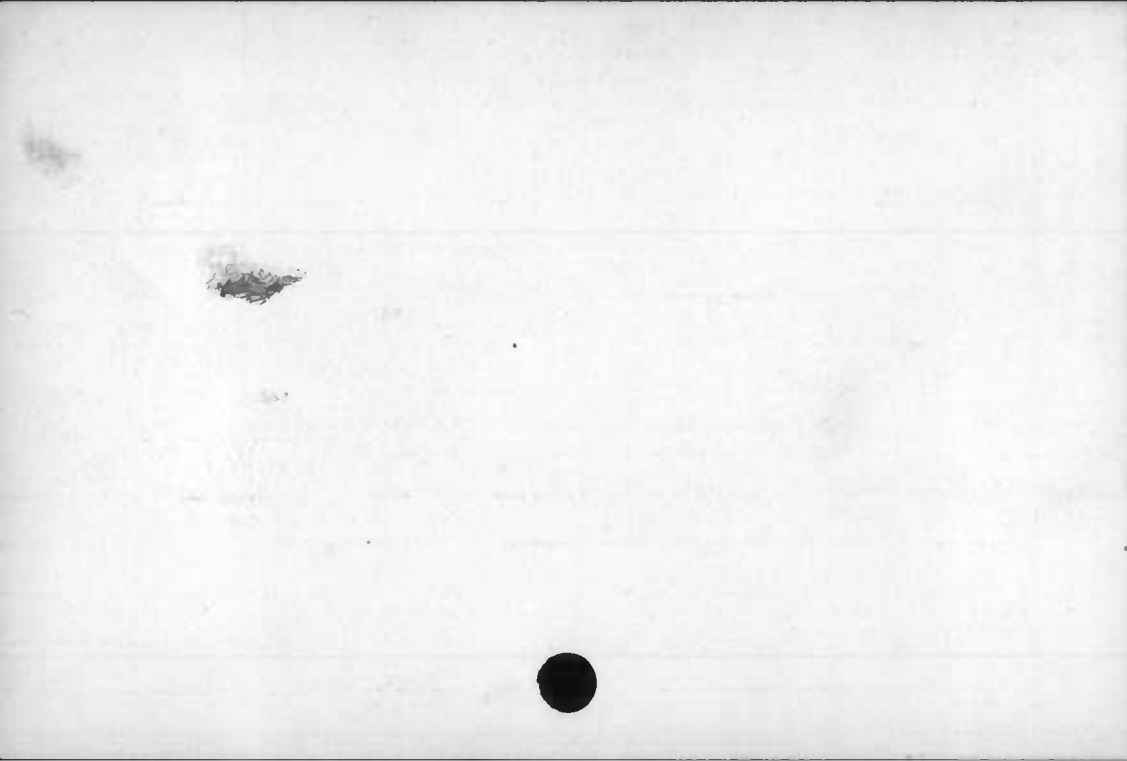
Died at <i>Edesville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1909	Month	Jan	Day	31
Age	38	Years	3	Months	—
Sex	Female	Color or Race	Black	Birth-place	Kent Co Md
Occupation	House Wife	Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Perkins		
Father's Name	James Stevens	Father's Birthplace	Kent Co Md		
Mother's Maiden Name	Kate Murry	Mother's Birthplace	Kent Co Md		
Name of person giving information	Samuel Perkins	How related to deceased	Husband		

CAUSES OF DEATH

66

Primary	<i>Supposed</i>	How long	
Immediate	<i>Paralysis</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos B Willson</i>
		Address	<i>Edesville Kent Co Md</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

Boston Port.

1909 Jan.

Day

Age

Years

Months

Days

Sex

Occupation

Color or
RaceBirth-
placeWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER

Chas L. Ladd.

Horton Point

Kenia Ferry

Name
in
Full

Mary E. Pratt

CERTIFICATE OF DEATH

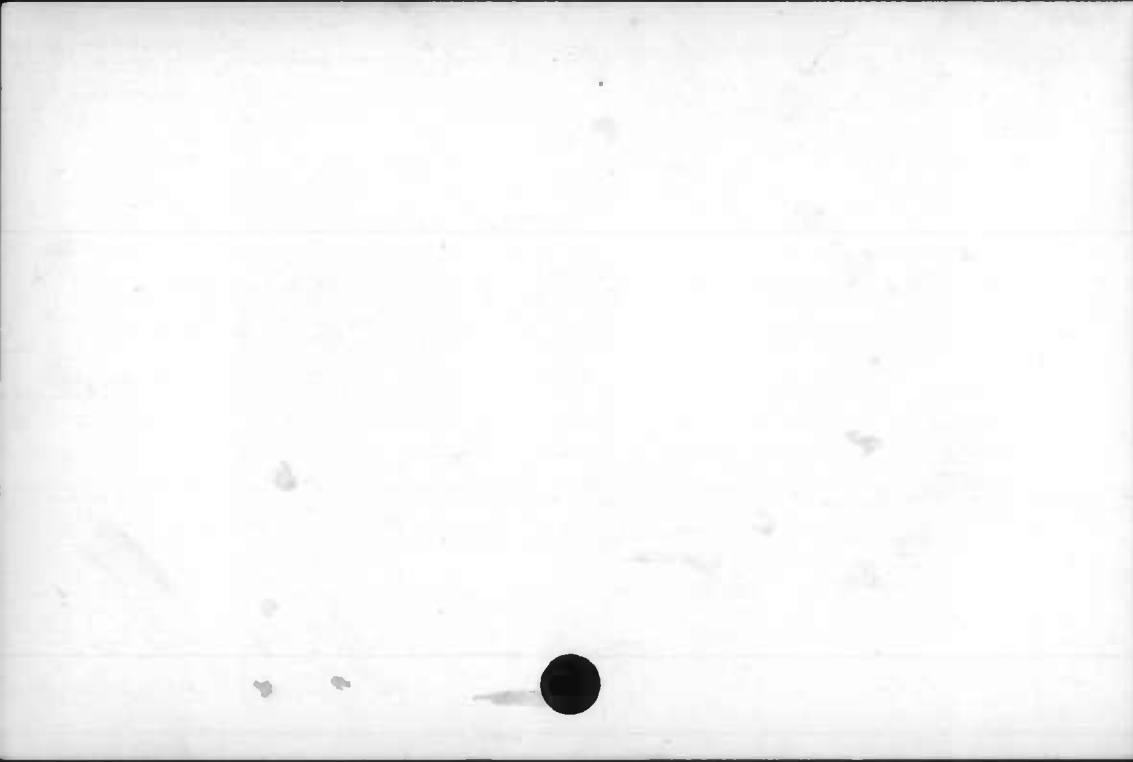
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond</i>		County <i>Hart</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>England</i>			
Occupation <i>Baker</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William Pratt</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>England</i>				
Name of person giving Information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

Primary	<i>Calarrh of Stomach.</i>	How long <i>15 years.</i>
Immediate	<i>Heart-failure.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. S. Maxwell,</i>
		Address <i>Still Pond, Md.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Thomas Ringgold

Town

Near Evesville

County

Kent

MARYLAND

Date

of death 1909

Month

January

Day

3

Age

Years

70

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Kent Co Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Marry M-Anderson

Father's
Name

Thomas Ringgold

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rebecca Seaden

Mother's
Birthplace

Maryland

Name of person giving
Information

James Jones

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Valvular Heart disease

How long

2 years

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. H. Schwabach MD

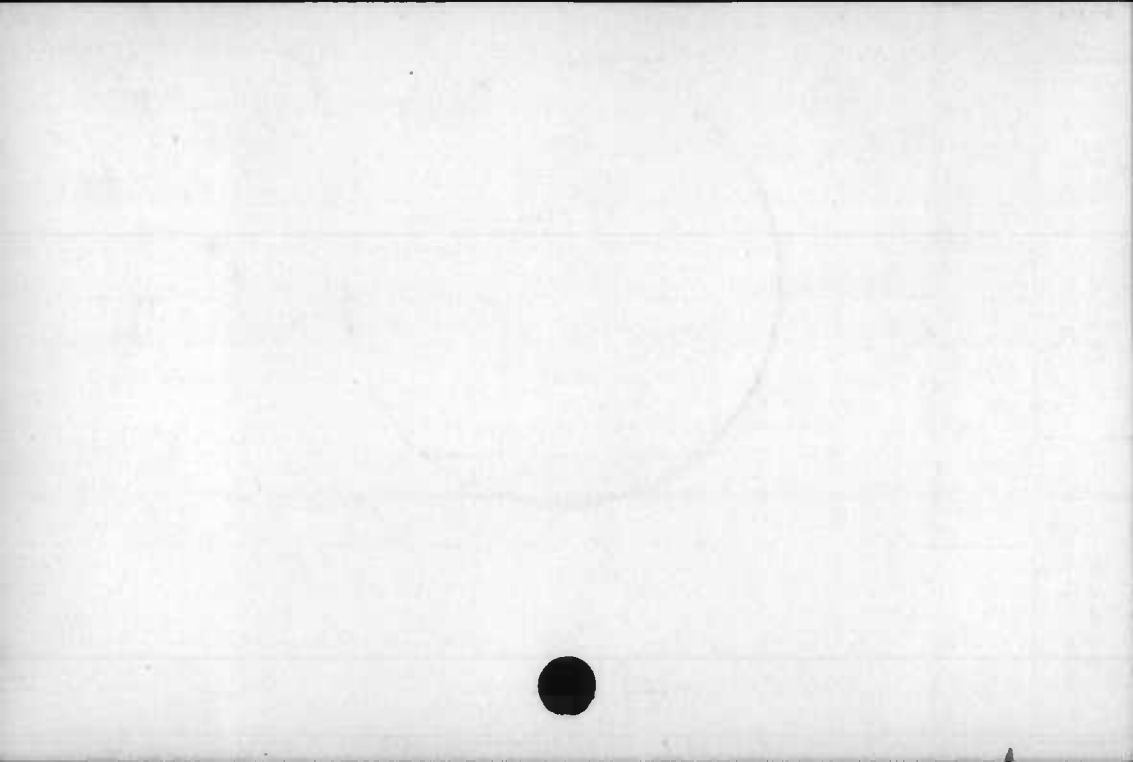
Address

Rock Hall
Kent Co Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emily A. Stradley.

CERTIFICATE OF DEATH

MARYLAND

Died at Town *Galena*County *Kent*Date of death *1909*Month *1*Day *29*

Age

Years *67*Months *4*Days *29*Sex *Female*Color or Race *White*Birth-place *Delaware*Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband

Father's Name *Edward Burris*Father's Birthplace *Delaware*Mother's Maiden Name *Cassie A. Emerson*Mother's Birthplace *Delaware*Name of person giving information *S. G. Caldwell*How related to deceased *Son in Law*

CAUSES OF DEATH

27

Primary *Phthisis*How long *Indefinite*Immediate *Exhaustion*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Geo. R. Jones M.D.
Galena

Accident or Suicide?

*Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still Borne Babe,

Taylor

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Worton

Kent

Date

of death 1909

Month

1

Day

16

Age

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Worton

Occupation

Where Residing if not
at place of death

Worton

Married, Single
or WidawadName of Wife or
HusbandFsthar's
Name

Robert Taylor

Fathar's
Birthplace

Baltimore

Mothar's
Maiden Name

Abbie Tilson

Mothar's
Birthplace

Worton

Name of person giving
Information

Rie Tilson

How related
to deceased

Grandfather

CAUSES OF DEATH

How long

Primary

How long

Immediate

Still Borne

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

Address

L. P. Atwell M. D.,
Still Pond
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Butler Town

Chas Dodd

Name in Full		Certificate of Death			
Mary Elizabeth Temple		MARYLAND			
Died at Chestertown Kent County					
Date of death 1909		Month 1	Day 31	Years 52	Months 10 Days 16
Sex Female		Color or Race White		Birth-place Greenlee Md	
Occupation Wife of a farmer		Where Residing if not at place of death Church Hill 2. A. Co. Md			
Married, Single or Widowed		Name of Wife or Husband L. Frank Temple			
Father's Name Isaac Sparks		Father's Birthplace Md			
Mother's Maiden Name Ann Elizabeth Glander		Mother's Birthplace Md			
Name of person giving information John N. Sparks		How related to deceased Brother			
CAUSES OF DEATH					
Primary Bright's Disease		How long Twelve Months			
Immediate Weakness & final failure of heart		How long Seven Days			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Jas. Abraham			
		Address Chestertown			
Accident or Suicide?		Md			

Thursd. 11th. 1864

J. K. Brown

Name
in
Full

Wilton Walbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Pomona</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	27
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Near Pomona</i>	
			Where Residing if not at place of death <i>at home</i>		
Married, Single <input checked="" type="checkbox"/> or Widowed			Name of Wife or Husband		
Father's Name	<i>Herbert Wilton Walbert</i>			Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>Ethel V. Jones</i>			Mother's Birthplace	<i>Balto Co</i>
Name of person giving information <i>Roy Walbert</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Weak Heart</i>	How long	<i>all life</i>
Immediate	<i>Weak Heart</i>	How long	<i>all life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. B. Jones</i>	
		Address <i>Chester town</i>	
Accident or Suicide <i>No</i>			

Barn Chapel.
J. F.

Name
in
Full

Thomas Bluffin Walley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Coleman Town Stent County MARYLANDDate of death 1909 Month Jan Day 21 Age 1 Years 6 Months — Days —Sex male Color or Race white Birth-place mdOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name James A. Walley Father's Birthplace mdMother's Maiden Name Allie Brown Mother's Birthplace mdName of person giving Information J. A. Walley How related to deceased father

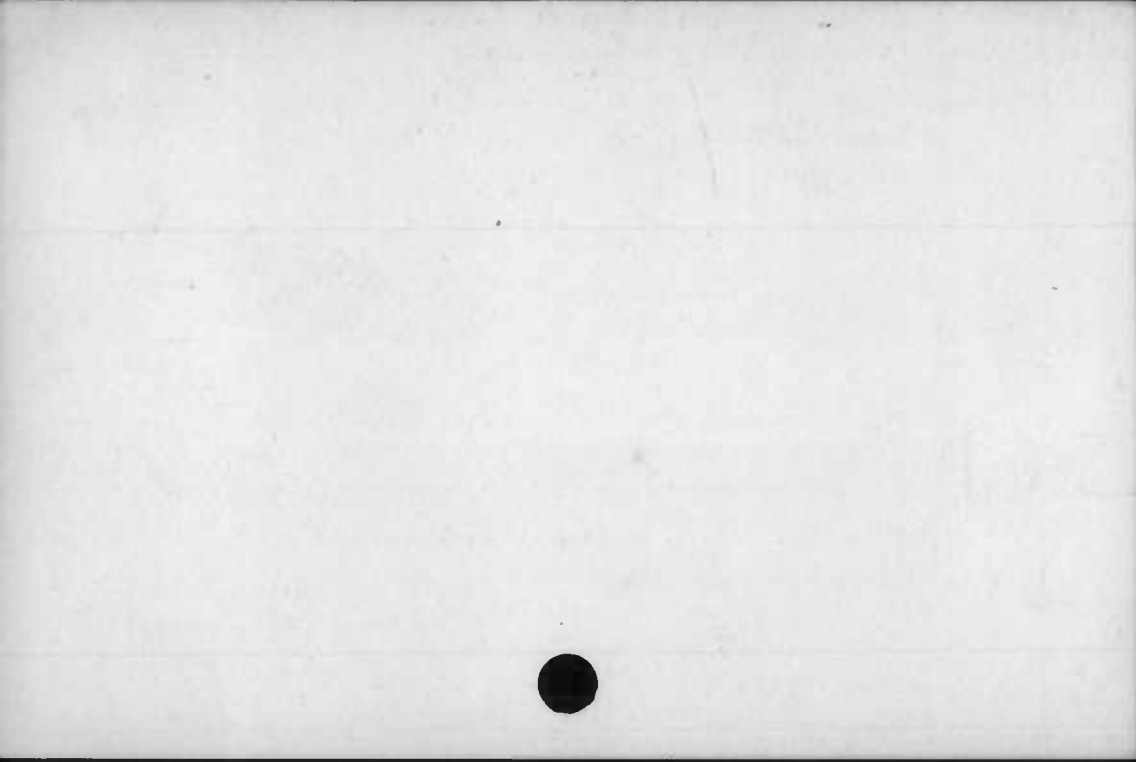
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Whooping Cough How long 3 month.Immediate Heart failure. How long —Are the name, age, sex, color, date and place correctly given above? Signature of Physician W. S. Maxwell.Address Still Pond. Md.

Accident or Suicide



Name in Full		Florance Warn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Edesville		County Kent-		MARYLAND
	Date of death		1909	Month July	Day 11	Age 44	Months Days
	Sex		Female		Color or Race Black		Birth-place Kent-Co-Md
	Occupation		House Wife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband David Warn		
	Father's Name		William Pierce		Father's Birthplace Kent Co Md		
	Mother's Maiden Name		Sarah B. Jones		Mother's Birthplace Kent-Co-Md		
Name of person giving information		David Warn		How related to deceased Husband			
<div>CAUSES OF DEATH</div> <div>79</div>							
PHYSICIAN OR CORONER	Primary		Heart disease		How long 6 months		
	Immediate		Exhaustion		How long 12 hours		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Walter J. Ellis		
					Address Rock Hall, Md.		
Accident or Suicide?							



Name
in
Full

Edith Elmore Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Betherton</u> Town		<u>Kent</u> County		MARYLAND	
Date of death	1909	Month	Jan	Day	31
Age	7	Years		Months	3
				Days	15
Sex	female	Color or Race	white	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas Warren	Father's Birthplace		md	
Mother's Maiden Name	Maud Le Kerr	Mother's Birthplace		md	
Name of person giving Information	Mrs Warren	How related to deceased		father	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Coetia	How long	Several years
Immediate	Cerebro spinal fever	How long	Five days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas Lane Finley
		Address	Betherton
			Kent-lev - md
Accident or Suicide			

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race		Birth-place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased				

Mary White
New Millington Kent
1909 1st 1st
Age about 42
Female
Black
md
house servant
John White
Unknown
Unknown
John A. Smith
Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

7
Tuberculosis
about 10 months
Yes
Dr W H Jacob
Millington md

